Und	er the Paperworl	ENT APPLIC	ATION	FEE DETER	RECORD	ECORD Application or Docket Number				
			Substitut	e for Form PTC)-8/5				11 401)	<u> </u>
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	<u> </u>	NUMBER FILED NUMBER		R EXTRA	RATE	FEE		RATE	FEE
FOR BASIC FEE		NOMBE	NOMBER FILED HOMBE				s	OR		s
(37 CFR 1.16(a)) TOTAL CLAIMS							'	-		
(37 CFR 1.16(c))			minus 20 = •			× \$=		OR	× s=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		IS	minus 3 = *			× \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s =		OR	+ s=	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL		
	CL	AIMS AS AME	-NDFD -	- PAKT II			00	OTHER	R THAN	
	(Column 1) (Column 2) (Column			(Column 3)	SMALL ENTITY		OR	SMALL		
4	1101 -	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
	14/02-	AFTER		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL FEE
AMENDMENT A	Total	· 35	Minus	" 35	= /	× s 25 =		OR	x s_50=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	. 8	Minus	8	= /	x s_1002		OR	x s_202	
				NT CLAIM (37 CE	R 1 16(d))	+s =		OR	+5 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				TOTAL		OR	TOTAL		
		٠	•			ADD'L FEE	L	J OK	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		T	1		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	AMENDINETT	Minus	**	=	x s=	ļ	OR	x s=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		OR	x s =	
	TO SERVICE DEPENDENT OF AIM (27 CER 1 16/d))							OR	+ \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$= TOTAL		1	TOTAL	
Ì						ADD'L FEE		OR	ADD'L FEE	L
		(Column 1)		(Column 2)	(Column 3)			7		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	••	=	x s=		OR	x s=	<u> </u>
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus	•••	=	x s=		OR	x \$=	
4ME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s =		OR	+ \$=	
\vdash								OR	TOTAL ADD'L FEE	
	If the entry in	column 1 is less th	an the enti	ry in column 2, wr	rite "0" in column	ADD'L FEE		-		

* If the entry in column 1 is less than the entry in column 2, write 0 in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Ine Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.